



**CITY OF JOLIET LIQUOR COMMISSIONER'S OFFICE  
MAYOR BOB O'DEKIRK  
150 WEST JEFFERSON STREET  
JOLIET, ILLINOIS 60432**

**APPLICATION FOR TOBACCO LICENSE**

**Please print legibly. All information and supplemental requirements must be completed and submitted. Incomplete forms will not be processed. Please allow a minimum of ten (10) business days for process and review prior to opening. *Must submit copy of State of IL Tobacco Certificate of Registration.***

**New Business:\_\_\_\_\_ Change of Ownership:\_\_\_\_\_ Proposed Opening Date:\_\_\_\_\_**

**LOCAL BUSINESS INFORMATION:**

**Business Name (DBA): \_\_\_\_\_ Store Number:\_\_\_\_\_**  
**Business Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_**  
**Zip Code:\_\_\_\_\_ Business Phone Number:\_\_\_\_\_ Fax Number\_\_\_\_\_**

**BUSINESS OWNERSHIP INFORMATION:**

**Provide the following information regarding how the business was created and is owned.**

**\_\_\_ Individual \_\_\_ Partnership \_\_\_ Limited Liability Corporation (LLC)**  
**\_\_\_ Private Limited Company (LTD) \_\_\_ Corporation**

**Legal Business Name: \_\_\_\_\_**

**CORPORATE BUSINESS INFORMATION:**

**Corporate Name:\_\_\_\_\_**  
**Contact Name:\_\_\_\_\_**  
**Corporate Address:\_\_\_\_\_**  
**City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Phone Number:\_\_\_\_\_**  
**Fax Number:\_\_\_\_\_ E-Mail Address:\_\_\_\_\_**

**For a *corporate application*, the date on which the corporation's *Articles of Incorporation* were issued. \_\_\_\_\_**

**The State of Incorporation \_\_\_\_\_**

**If a *foreign corporation*, the *date* of being qualified to do business under the Illinois Business Corporation Act. \_\_\_\_\_**



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**Federal Employee Identification Number (FEIN Submit IRS Dept. of Treasury Authorization):** \_\_\_\_\_  
**State of Illinois Business Tax Number (IBT- Submit IDOR Certificate of Registration):** \_\_\_\_\_

**Principals of Applicant:**

*If this is a partnership, provide name, address, telephone number and percentage of ownership held by all partners. If this is an LLC or LTD, provide the names, addresses and percentage of ownership held by each member. If this is a Corporation, provide the names and addresses of all persons holding five percent (5%) or more of the stock of the corporation and the percentage of ownership held by each member. If additional space is needed, add a separate page. Submit appropriate Articles (e.g., incorporation, organization).*

**A. Name & Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_ **(cellular)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Percentage of Ownership:** \_\_\_\_\_

**U.S. Citizen?** \_\_\_\_\_ *(Do not complete for corporation)*

**If naturalized, place of birth** \_\_\_\_\_

**Date & place of naturalization** \_\_\_\_\_

**B. Name & Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_ **(cellular)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Percentage of Ownership:** \_\_\_\_\_



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**U.S. Citizen?** \_\_\_\_\_ *(Do not complete for a corporation)*  
**If naturalized, place of birth** \_\_\_\_\_  
**Date & place of naturalization** \_\_\_\_\_

**C. Name & Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_ **(cellular)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Percentage of Ownership:** \_\_\_\_\_

**U.S. Citizen?** \_\_\_\_\_ *(Do not complete for corporation)*  
**If naturalized, place of birth** \_\_\_\_\_  
**Date & place of naturalization** \_\_\_\_\_

**D. Name & Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_ **(cellular)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Percentage of Ownership:** \_\_\_\_\_

**U.S. Citizen?** \_\_\_\_\_ *(Do not complete for corporation)*  
**If naturalized, place of birth** \_\_\_\_\_  
**Date & place of naturalization** \_\_\_\_\_



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**E. Name & Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_ **(cellular)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Percentage of Ownership:** \_\_\_\_\_

**U.S. Citizen?** \_\_\_\_\_ **(Do not complete for corporation)**

**If naturalized, place of birth** \_\_\_\_\_

**Date & place of naturalization** \_\_\_\_\_

**F. Name & Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_ **(cellular)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Percentage of Ownership:** \_\_\_\_\_

**U.S. Citizen?** \_\_\_\_\_ **(Do not complete for corporation)**

**If naturalized, place of birth** \_\_\_\_\_

**Date & place of naturalization** \_\_\_\_\_



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**BUSINESS INFORMATION:**

**Length of time applicant has been involved in a business associated with the sale of tobacco products. *Complete for each person listed if this is an individual or partnership application.***

**Name \_\_\_\_\_ Years? \_\_\_\_\_**

**Name \_\_\_\_\_ Years? \_\_\_\_\_**

**Name \_\_\_\_\_ Years? \_\_\_\_\_**

**Name \_\_\_\_\_ Years? \_\_\_\_\_**

**Total Number of Employees at Location (including family members): \_\_\_\_\_**

**Days of Week and Hours of Operation at Location: \_\_\_\_\_**

**Is the Business located in a Stand-Alone Structure? Yes\_\_\_ No\_\_\_**

**If no, name of center: \_\_\_\_\_**

**Does the Business own the building? Yes\_\_\_ No\_\_\_**

**If no, complete the following:**

**Owner Name: \_\_\_\_\_**

**Owner Address: \_\_\_\_\_**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_**

**Phone Number: \_\_\_\_\_**

**Does the Business have an Alarm System? Yes\_\_\_ No\_\_\_ If yes, must register with the Joliet Police Department.**

**Name of Alarm System Monitoring Company: \_\_\_\_\_**

**Detailed description of location and layout of licensed premises. \_\_\_\_\_**

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**Gross square footage of tenant space at location:**\_\_\_\_\_

**Proposed premises were \_\_\_\_\_ by applicant on \_\_\_\_\_.**  
*purchased / leased date*

(Attach a copy of the lease or deed.)

**List all governmental entities to which applicant has submitted an application for a tobacco license.**

**A. Entity \_\_\_\_\_**  
**Date of application \_\_\_\_\_**  
**Disposition of application \_\_\_\_\_**

*Date, length of time and reason of any suspension, revocation, fine or any other disciplinary action taken by the entity (include denial of tobacco license.)*

\_\_\_\_\_  
\_\_\_\_\_

**B. Entity \_\_\_\_\_**  
**Date of application \_\_\_\_\_**  
**Disposition of application \_\_\_\_\_**

*Date, length of time and reason of any suspension, revocation, fine or any other disciplinary action taken by the entity (include denial of tobacco license.)*

\_\_\_\_\_  
\_\_\_\_\_

**C. Entity \_\_\_\_\_**  
**Date of application \_\_\_\_\_**



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**Disposition of application \_\_\_\_\_**  
***Date, length of time and reason of any suspension, revocation, fine or any other disciplinary action taken by the entity (include denial of tobacco license.)***

\_\_\_\_\_  
\_\_\_\_\_

**List all *convictions* for any *non-traffic violations* of any city, state or federal statutes, indicating the name of the offense and date of convictions. Such information must be supplied for all *officers, directors & shareholders owning more than 5% of the stock*, if this is a corporate application and *all persons*, if this is an individual or partnership application.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to supply adequate or correct information will be subject to suspension or revocation of the City of Joliet Tobacco License.**

\_\_\_\_\_  
**Name of applicant (Print)**

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Title of applicant**

\_\_\_\_\_  
**Date**



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\_\_\_\_\_  
**Name of applicant (Print)**                      **Signature of applicant**

\_\_\_\_\_  
**Title of applicant**                      **Date**

\_\_\_\_\_  
**Name of applicant (Print)**                      **Signature of applicant**

\_\_\_\_\_  
**Title of applicant**                      **Date**

\_\_\_\_\_  
**Name of applicant (Print)**                      **Signature of applicant**

\_\_\_\_\_  
**Title of applicant**                      **Date**

**The undersigned, being duly sworn on oath, deposes and says that the facts alleged in the foregoing application are true in substance and fact, and that said representations are made for the purpose of inducing the Liquor Commissioner of the City of Joliet to issue the tobacco license hereinabove requested.**

\_\_\_\_\_  
**Applicant's Signature**

***Subscribed and sworn to me this \_\_\_\_ day of***

***\_\_\_\_\_, 20\_\_.***

\_\_\_\_\_  
***Notary Public***

\_\_\_\_\_